

General Screening Recommendations for Chronic Disease and Risk Factors in Older Adults

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WHY: Chronic diseases, such as arthritis, cancer, diabetes, and cardiovascular disease (coronary heart disease, hypertension, and dyslipidemia), disproportionately affect older adults and are associated with disability and diminished quality of life. These conditions share many of the same common, modifiable risk factors, including obesity and physical inactivity. Identification of chronic disease risk factors and early disease detection, through screening, may decrease the burden of chronic disease and protect and promote the health of older adults.

BEST PRACTICES: Assess for individual participation in and results of recommended screening tests during office and clinic visits, and hospital, home care, and tertiary care admissions.

TARGET POPULATION: All younger and older adults.

STRENGTHS AND LIMITATIONS: Although chronic conditions are among the most common and costly health problems, they are also among the most preventable. Risk factor identification, screening, and interventions have been successful in preventing chronic diseases and their associated morbidity and mortality in older adults. However, age limits on screening practices, inconsistencies in risk factor cut points, and bias towards aggressive risk factor reduction in older adults may limit beneficial effects of early detection. For those with multiple chronic illnesses, decisions should be individualized. According to the American Geriatrics Society (AGS), health screening decisions for older adults should be person-centered and based on the person's life expectancy, preferences, plan for what the individual may or may not want to do further if screening had positive findings (i.e. potentially invasive testing and/or treatments), as well as degree of burden to the individual.

FOLLOW UP: Regardless of the clinical setting and transitions, individuals should have follow-up with their primary care provider to decide on the appropriate lifestyle and/or medication management of risk factors. Individuals should be screened using a holistic perspective in regards to self, family history, setting, and short and long term goals. Careful ongoing assessments of effectiveness of treatment and for its side effects are especially important in older adults.

RISK FACTORS AND SCREENING PROTOCOLS:

1. Screen for chronic disease upon admission of older adults.
2. Educate each person about the importance and benefits of primary preventive care using verbal, written, and electronic material.
3. Initiate and incorporate screening for chronic disease into the electronic health record.
4. Follow up and assure that the health care team complies with protocol.
5. Provide appropriate community referrals and follow up.

MORE ON THE TOPIC:

- Best practice information on care of older adults: <https://consultgeri.org>.
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- U.S. Preventive Services Task Force. (2012). Screening for cervical cancer. Retrieved July 28, 2018 from <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening>.
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- U.S. Preventive Services Task Force. (2016). Screening for breast cancer. Retrieved July 28, 2018 from <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1>.
- U.S. Preventive Services Task Force. (2016). Screening for colorectal cancer recommendation statement. *JAMA*, 325(23), 2564-2575.
- U.S. Preventive Services Task Force. (2016 b). *Final Recommendation Statement: Obesity in Adults: Screening and Management*. Retrieved July 28, 2018 from <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-adults-screening-and-management>.
- U.S. Preventive Services Task Force. (2017). *Final Recommendation Statement: Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Prevention Medicine*. Retrieved on July 28, 2018 from <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/aspirin-to-prevent-cardiovascular-disease-and-cancer>.
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SCREENING RECOMMENDATIONS FOR ADULTS

	CANCER
Breast	USPSTF: For women ages 50-74 a mammogram every 2 years is recommended. Women may choose to begin biennial screening between the ages of 40-49 years. Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and may benefit from beginning screening in their 40s. The current evidence is insufficient to assess benefits and harms of screening mammography in women ≥ 75. ACS: Women ages 40-44 should have the choice to start annual breast cancer screening with mammograms. Women age 45-54 are advised annual mammograms. Women ≥ 55 should get mammograms every 2 years or may continue yearly screening. Screening should continue if a woman is in good health and is expected to live >10 years. All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening. Some women – because of family history, a genetic tendency, or other factors – should be screened with MRIs along with mammograms, as advised by their health care provider.
Cervical	USPSTF: Screen for cervical cancer in women ages 21-65 with cytology every 3 years or for women ages 30-65 who wish to lengthen the screening interval, screen with a combination of cytology and HPV testing every 5 years. ACS: Recommendations are consistent with the USPSTF. Women over age 65 who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65.
Colon	USPSTF: Screen for colorectal cancer in adults aged 50-75 years. Among older adults who have been previously screened for colorectal cancer, there is a moderate benefit to continuing screening of those ages 76-85 years. Timing and testing recommendations are similar to the ACS recommendations. ACS: For those at average risk for colorectal cancer, start regular screening at age 45. This can be done with a high-sensitivity Guaiac based Fecal Occult Blood Test (HsFOBt) or a Fecal Immunochemical Test (FIT) annually, or a Multi-target Stool DNA Test (MT-sDNA) every 3 years. Alternatives are a CT colonography or a flexible sigmoidoscopy every five years or a colonoscopy every ten years. All positive results on non-colonoscopy screening tests should be followed up with colonoscopy. Average-risk adults with a life expectancy of >10 years continue colorectal cancer screening through age of 75. Clinicians individualize colorectal cancer screening decisions for individuals ages 76-85, based on patient preferences, life expectancy, health status, and prior screening history.
Prostate	USPSTF: USPSTF guidelines, updated in 2012, recommend against PSA-based screening for prostate cancer. Some men will continue to request screening, and, in those cases, screening should not be ordered prior to shared decision making that weighs the benefits and risks and considers the patient's preferences and values. ACS: ACS guidelines for early detection of prostate cancer updated in 2010, does not recommend routine screening in any age group. Asymptomatic men with a 10-year life expectancy should make an informed decision with their health care provider after receiving information on the risks and benefits of screening starting at age 50 for those at average risk of developing prostate cancer and at 45 for African Americans and men with a first-degree relative (father, brother, son) diagnosed with prostate cancer before age 65 (a high-risk group) and at 40y/o for those at with more than one first-degree relative diagnosed with prostate cancer at an early age. Men who decide to be screened should be tested with a PSA test. A digital rectal exam (DRE) may also be done as a part of screening. If screening does not detect cancer, the time between subsequent screenings depends on the results of the blood test, as follows: PSA <2.5 ng/ml – retesting may be done every 2 years; PSA ≥ 2.5 ng/ml – retesting should be done annually. Even after the decision to screen has been made, the discussion about the risks and benefits of testing should be repeated as new information becomes available.
	CARDIOVASCULAR DISEASE
CHD	USPSTF: Initiate low-dose ASA for primary prevention of CVD in those 50-59 who have a 10-year CVD risk, and are not at increased risk for bleeding, have a life expectancy of 10 years, and are willing to take low dose ASA for at least 10 years. For those aged 60-69 with a 10% change of a ≥ 10-year risk of CVD the decision should be an individual one. Current evidence is insufficient to balance the risks and benefits in those ≥ 70. ACC: Do not perform stress cardiac imaging in the initial evaluation of patients without cardiac symptoms unless high risk markers are present.
Hypertension	ACC/AHA: Elevated BP redefined as 130/80. Use of BP-lowering medication is recommended for primary prevention of CVD in adults with no history of CVD and with an estimated 10-year ASCVD risk
Dyslipidemia	ACC/AHA: Adults 40-75 years of age with an LDL-C 70-189 mg/dL without clinical ASCVD or diabetes and an estimated ten-year ASCVD risk $\geq 7.5\%$ should be treated with moderate- to high-intensity statin therapy. Individuals ≤ 75 years of age who have clinical ASCVD should be treated with high-intensity statin therapy unless contraindicated.
Obesity	USPSTF: Screen all adults for obesity. Refer patients with a body mass index (BMI) of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.
Tobacco	USPSTF: Screen all adults for tobacco use, advise tobacco cessation, and provide behavioral interventions and FDA pharmacotherapy for adults who use tobacco.
	DIABETES
Diabetes	ADA: Screen for prediabetes and risk for future diabetes with an informal assessment of risk factors or validated tools in asymptomatic adults beginning at age 45 and in adults of any age who are overweight or obese (BMI ≥ 25 kg/m² or ≥ 23 kg/m² in Asian Americans) and who have one or more additional risk factors for diabetes. Retest at 3-year intervals. USPSTF: Screen for abnormal blood glucose in those ages 40-70, asymptomatic, and overweight or obese as part of a CV risk assessment.

ACC=American College of Cardiology; **ACS**=American Cancer Society; **ADA**=American Diabetes Association; **AHA**=American Heart Association; **ASA**= aspirin; **CBE**=clinical breast exam; **CHD**=coronary heart disease; **DRE**=Digital Rectal Exam; **FDA**=Food and Drug Administration; **FOBt**=Fecal Occult Blood Testing; **HPV**= human papilloma virus; **MRI**=Magnetic Resonance Imaging; **PSA**=Prostatic Specific Antigen; **USPSTF**=U.S. Preventive Services Task Force